



Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1319

DATE: November 22, 2013

TO: Iowa Medicaid Hospice and Nursing Facility Providers

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Completion of Case Activity Report-Hospice in a Nursing Facility

EFFECTIVE: Upon Receipt

Revised Case Activity Report Form:

The Case Activity Report (CAR), Form [470-0042](#), has been updated and is available on the IME website at: <http://www.ime.state.ia.us/Providers/Forms.html>.

This revised CAR form shall be used with the instructions provided, in the interim, until a Hospice-specific CAR is implemented.

Purpose:

The form provides a mechanism for hospice providers to report individual member activities or changes that may affect eligibility for a member who receives the hospice benefit and also resides in a nursing facility (Hospice/NF).

Hospice/NF Member Activity/Status Changes When CARs Must Be Completed:

The Hospice provider must complete the CAR form when:

- A Medicaid eligible or dual eligible member enters the nursing facility (NF) and begins the hospice benefit on the same day.
- An NF member chooses the hospice benefit.
- A dual-eligible member chooses the hospice benefit.
- The status of a dual eligible Hospice/NF member changes to Medicaid only.
- A Hospice/NF member dies.
- A Hospice/NF member does not qualify for or revokes the hospice benefit.
- A Hospice/NF member transfers to another NF and/or to another hospice provider.

Completing the CAR Sections:

The hospice contracts with a nursing facility when an NF member elects the hospice benefit. Hospice provider coordination and communication with the NF is essential to insure the accuracy of Hospice/NF member activities and status changes; and timely payment without denial.

Section 1. Member Data: This section contains member-specific information for the Hospice/NF member. The first name, middle initial, and last name should be used as they appear on the *Medical Assistance Eligibility Card*.

The “Date Entered Facility” will be one of the following:

- If the date that hospice began **is** the same day that the member entered the nursing facility, the date you enter will be the day that the member entered the NF. On the same day as the entry to the NF, the date entered will be the date that the Hospice/NF member entered the facility. (Bullet 1 from previous section, Hospice/NF Activity/Status Changes.)
- If the date that hospice begins occurs **after the date of entry to the NF**, the date entered into this field will be the date that the activity/status change occurred. (Bullets 2-7.)

Section 2. Facility Data: This section contains the NF information in which the Hospice/NF member resides. The hospice staff completes the form.

Complete this section as follows:

- Enter both the Hospice and NF’s provider number/NPI number.
- Check “Hospice” for facility type.
- Complete the name and address of the hospice provider. .
- The signature of the person completing the CAR form (hospice staff) followed by the hospice provider name with the contact information completed.
- The “DHS Per Diem” is the NF’s computed rate.
- The “Date Completed” is the date the form is completed and sent to the DHS Centralized Facility Eligibility Unit (CFEU).

Section 3. Level of Care: This section is not applicable for the Hospice/NF member. Hospice eligibility **does not** require a level of care determination unless the following applies:

IME Medical Services has not completed a level of care (LOC) for the NF member when hospice begins.

If an LOC has not been completed when the NF member chooses hospice, the NF must submit documentation for a LOC determination in accordance with the Centers for Medicare and Medicaid Services (CMS) Minimum Data Set (MDS) requirements.

The hospice provider, as stated at the beginning of this section, will coordinate and communicate with the contracted NF to insure that the LOC process is completed. Your communication will result in efficient processing of Hospice/NF claims for both the hospice (Revenue Code 651) and the NF (Revenue Code 658).

Section 4. Medicare Information for either Skilled Patients or Hospice Patients in Facilities: Complete this section for Hospice/NF members who are dual eligible and whose Hospice benefit is funded by Medicare and the NF daily reimbursement is funded by Medicaid.

Please note: If dual-eligibility ends for the Hospice/NF member and full Medicaid eligibility begins, another Case Activity Report must be completed, along with the Election of Medicaid Hospice Benefit, form [470-2618](#).

Section 5. Discharge Data: This section is completed to identify the date and reason for the termination of the hospice benefit for the Hospice/NF member.

Complete this section as follows:

- Enter the date of the hospice activity/status change for the Date of Discharge.
- Under Reason for Discharge, check the applicable box, if applicable.
- If an applicable box is not listed, add another box, check, and write the reason for discharge.
- The information under “Last Month in Facility” is not completed unless the Hospice/NF member dies on the last day of the month.

Distribution:

Hospice providers must submit the form to the Centralized Facility Eligibility Unit (CFEU) within three (3) business days of the action/change. Failure to complete in the required timeframe results in the delay of reimbursement.

Where to Send the Completed CARs:

Hospice in NF (Hospice/NF):

- Mail, email or fax a copy to the DHS Centralized Facility Eligibility Unit at:
Centralized Facility Eligibility Unit
Imaging Center 1
Iowa Department of Human Services
417 E. Kaneshville Blvd.
Council Bluffs, IA 51503-4470
Fax: 515-564-4040 email: facilities@dhs.state.ia.us
- Keep a copy.
- Send a copy to the contracted nursing facility.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, or locally in Des Moines at 515-256-4609 or by email at imeproviderservices@dhs.state.ia.us.